Delbert Hosemann SECRETARY OF STATE

Required to terminate

reporting obligations

## Candidate REPORT OF RECEIPTS AND DISBURSEMENTS Special Election

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

Termination Report (Candidate will no longer accept contributions or make

campaign expenditures and has no outstanding campaign debt obligation)

- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss, Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-Itemized = This Period Calendar Year-To-Date

Total amount of contributions \$ +\$ \$ \$

Total amount of disbursements \$23651.87 +\$ /53.26 \$ 23805.07 \$ 23805.07

Total amount of cash on hand

5

I dentify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

131/11

Signature of Director of Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-601 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Electiona Division, P. O. Sox 132, Jackson, MS 39208 or fax to 801-389-1499 or 601-676-2019.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jim Atch.Sou

through 1/25///

ITEMIZED DISBURSEMENTS

## A. Full name Date Amount of each Francisco Gonzalez (Mo., Day, Year) disbursement this period 000 City, State, Zlp Code Purpose of Disbursement (Optional), Aggregate Year-to-date Advertisment Consulting 5000 B. Full name Date Amount of each (Mo., Day, Year) disbursement this period Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date C. Full name Date Amount of each (Mo., Day, Year) disbursement this period Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Advertisma Year-to-date D. Full name Date Amount of each (Mo., Day, Year) disbursement this period Malling Address S City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date E. Full name Date Amount of each = Aceboot Advertising disbursement this period (Mo., Day, Year) Malling Address City, State, Zip Code S Purpose of Disbursement (Optional) Aggregate Year-to-date F. Full name Date Amount of each disbursement this period (Mo., Day, Year) Malling Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Gans - Advetisas Year-to-date

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Name of Candidate or Committee Jim Atches

Reporting period \_\_\_\_\_

through <u>1/25/11</u>

## ITEMIZED DISBURSEMENTS

A Full name United States Postal Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Meiling Address	_1_1_	\$ 1874.40
City, State, Zip Code, D'Iber ville, MC		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1874.40
B. Full name Shauahnessy Printing Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 234 Caillauet St		\$ 1328.94
City, State, Zio Code Siloti MS 39530		5 772.54
Purpose of Disbursament (Optional)	Aggregate Year-to-date	5 7 155. 48
c. Full name The Committee to Elect Jim Atch. So,	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		5 150U
City, State, Zip Code	_'_'_	2 20an
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6500-
D. Full name The Comm. Hee to Elect Jim Atchis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	5 300
City, State, Zip Code		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5 GXOU .
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	1_/_/_	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Melling Address	_/_/_	S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S